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MEDICAL SERVICES PROVIDED FOR CHILDREN IN FOSTER HOMES OF A CHILD PLACEMENT AGENCY (CHILDREN'S SERVICE, INCORPORATED, PHILADELPHIA, PENNSYLVANIA)

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY

SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

BY

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SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

AUGUST, 1949

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CHAPTER I

INTRODUCTION

The early years of an individual's life, are commonly thought of as being the essence of happiness and well-being. Millions of babies are born each year[1] who should have the benefit of a happy, healthy, and normal life along with their fellowmen. Too many of our children are hindered at birth or during childhood by physical disabilities. Still others are the victims of broken or incomplete homes and poverty, which deprives them of the opportunity to grow up under normal home conditions. Many of these children appear later as society's misfits.

> Children do not need to be brought up 'antiseptically', like the famous quintuplets, but they do need sound bodies a and healthy minds, and they must be guided in the development of character and safeguarded from harmful influences.[2]

Because of improved living conditions for some families, better health and medical care facilities, and the higher educational level of many parents, ba bies born today are more likely to reach those goals than those born years ago. While the majority of the parents might be able to provide the essentials of happy, healthful living for their offering, there are many who are unable to do so. Some of the children who do not receive adequate care in their own homes benefit from the services made available by existing social agencies.

While there are various types of social services for children, this thesis will be centered in one agency, namely, Children's Service, Incorporated, Philadelphia, Pennsylvania, dedicated to the care of homeless,

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[1] U. S. Census Report of 1945 (2,735,456 children were born).

[2] Emma Octavia Lundberg, Unto The Least of These (Social Service of Children). New York and London, 1947, p. 2.

neglected, dependent, and physically handicapped Negro children, which includes in its program, service to adolescents. This care involves the use of foster homes, payment for board and care, supervision of children and homes, supervision of children and homes, providing clothing and other incidentals, psychological or psychiatric care through community facilities when needed, and medical and dental care.

Statement of the Problem

This thesis will endeavor to describe the medical services provided for children placed in foster homes by Children's Service, Incorporated as illustrated by the use of five case studies.

Purpose

The intention of the study has not been to evaluate the medical services provided by Children's Service, but rather, through the study of the selected case examples, to show the necessity for these services, the use made of existing resources, and their effect on the children involved.

Scope and Limitations

The data for this study have been collected from five case records selected from the files of the agency. The cases were those of an average or normal child, a baby, a crippled child, a child with tuberculosis, and a child with sickle cell anemia. This study was limited to these five cases because it was felt that they exemplified the medical services made available by Children's Service, Incorporated.

Method of Procedure

Along with the information concerning the medical services afforded

the children whose records were studied, material relative to the reasons they became known to the agency, was also abstracted from the records. In the role of an agency worker, the writer has had contact with each case selected. Thus, aside from the use of the selected records, there was the advantage of actually experiencing the methods by which the agency provided the medical services for the children placed in regular, licensed or convalescent foster homes on a boarding basis.

Additional information was gathered from personal contacts with the physician and the secretary-nurse, at the Associated Medical Clinic. These interviews were vital in that the clinic has the responsibility of routine medical supervision of all wards of Children's Service, Incorporated.

Unpublished articles written by the Executive Director of Children's Service, were made available for use in this study. Several interviews were arranged with her for the purpose of securing authentic information in regard to the development and historical background of the agency. Selected bibliographical material has also been used.

CHAPTER II

THE DEVELOPMENT AND HISTORY OF CHILDREN'S SERVICE, INC.

The House of the Holy Child, as did most of the charitable social agencies during the last century, had its beginning as a children's institution. It was founded in 1894 by Miss Edith Wharton Dallas, who, witnessing the suffering endured by neglected Negro children, took it upon herself to do something about it. "Being a devout Episcopalian, she was able to interest the church in her work, and from the very beginning, the House of the Holy Child was considered a church institution."[1] Under the aegis of the Diocese of Pennsylvania of the Protestant Episcopal Church, the institution had its first home in Philadelphia. Accepting children of all faiths needing its care, the House of the Holy Child soon outgrew its first home, and, in 1925, a site was bought in Montgomery County and the children were moved to the country a year or two later.

The House of St. Michael and All Angels, an Episcopal institution caring for young colored cripples, was also active at that time in Philadelphia. Although there were several institutions in Philadelphia for crippled children needing long time care, this agency was the only one accepting colored children.[2] A new lease on life was given many children because of the valuable services offered there. In 1938, a committee from the Council of Social Agencies conducted a study of the House of St. Michael and All Angels and recommended the closing of the institution.

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[1] Laura D. Nichols, "The Extended Work of the House of the Holy Child and Its Value to the Community," Philadelphia, 1938, (mimeographed), p. 1.

[2] Ibid., p. 4.

The House of the Holy Child, at the request of the Board of St. Michael, based on the findings and recommendations of the Study Committee,[1] accepted the responsibility of continuing the work of that agency.

Because of the growing feeling at that time, about the value of foster home care in comparison with institutional care, and also due to a lack of space at the institution of the House of the Holy Child, some of these crippled children were placed in selected and supervised boarding homes and the remainder returned, with or without agency supervision to the homes of relatives. From then on, until the present, physically handicapped children needing care have been accepted, continuing the work of the House of St. Michael and All Angels. Some of those children have grown up and received training through public schools, the State Rehabilitation Service or the Metropolitan Crippled Children's Society to become self sustaining, or have been discharged to relatives who assumed responsibility for them.[2]

All of the children in the institution of the House of the Holy Child did not remain there long for its founder too, along with others, saw the advantages of home life, and before her death, had begun the placing of "certain children in foster homes; when the institution did not meet their needs."[3] For a while, the agency functioned in a dual role, institutional and foster home care.

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[1]Laura D. Nichols, "Ten Years With the House of the Holy Child," Philadelphia, 1947, (mimeographed), p. 4.

[2]Ibid., p. 4.

[3]Laura D. Nichols, "The Extended Work of the House of the Holy Child and Its Value to the Community," Philadelphia, 1938, (mimeographed), p. 2.

In 1941, the Board of Directors of the House of the Holy Child voted to close the institution and enlarge its foster home program on the recommendations of a study made by the Committee for the Study of the House of the Holy Child, appointed by the Council of Social Agencies. Consequently in June, 1941, the new offices of that agency were opened in the Social Service Building in Philadelphia, where it has remained every since, in spite of the expansion of its services. At that time, the agency had a staff of an Executive Director, three Social Case Workers, one Stenographer-Bookkeeper, a Typist, and a Clothing-Room Supervisor. During that first year the House of the Holy Child cared for 185 children[1] who were placed in supervised foster homes.

The House of the Holy Child and the House of St. Michael and All Angels, in order to become more effective and offer more services to children, recently consolidated; and are not operating under the name of Children's Service, Incorporated, which legally became effective January 1, 1949. According to its legal consultant, this is the first time that two eleemosynary institutions in Pennsylvania have formed a consolidation, although there have been many instances of mergers. In all discussion the agency has been and will be referred to by its new name, Children's Service, Incorporated.

This agency has grown considerably since its inception years ago. In comparison to the 185 children cared for in 1941, in October, 1948, there were 369 children in foster homes or homes of relatives supervised by Children's Service. These children coming from homes broken by the death or illness of one or both parents, marital conflict, poor economic status

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[1] Laura D. Nichols, "Ten Years With the House of the Holy Child," Philadelphia, 1947, (mimeographed), p. 8.

and lack of adequate housing; have foster homes (boarding or free), or adoption homes provided for them where they have the opportunity to grow, develop and engage in activities afforded by normal home life.

Many families, while able to care for their normal children, cannot provide adequate care for their offspring requiring special convalescent care, or for those who are physically handicapped. These children are accepted by Children's Service, given necessary treatment provided through community resources, and regarded also as individuals who need a wholesome and well-rounded home life.

To illustrate further how this agency has developed over a period of comparatively few years, it now has a staff consisting of an Executive Director, an Assistant and Supervisor of Case Work, one Case Work Supervisor in charge of the Reception Department, one Case Work Supervisor in charge of the Long Time Department, one Case Work Supervisor in charge of the Foster Home Finding Department, eight Social Case Workers, one Case Aide, 3 Students-in-training from an accredited school of Social Work, one Bookkeeper, four full time Secretaries, and a Chauffeur.

This growth in size of staff is not important in itself, but when thought of in terms of increased and more effective service to the community, it takes on a meaning of great proportion. Through this staff of trained personnel, Children's Service attempts to reach each child and help him to find that way of life which is best for him. "It requires all the skill and understanding which staff can have, and all the facilities the community can offer to really give these children a start in life."[1]

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[1]Laura D. Nichols, "The Extended Work of the House of the Holy Child and Its Value to the Community," Philadelphis, 1938, (mim.), p. 5.

The present program of the agency began in 1937, when Laura D. Nichols became Executive Director.

The work of Children's Service thus includes a three-fold program: the care of normal dependent children in foster homes, the care of crippled and convalescent children in supervised boarding homes, and adoptions. This three-fold program is maintained and sustained by income received from the Department of Public Welfare of Philadelphia, the Philadelphia County Commissioners, Institutional Districts and/or Child Welfare Services of a few other counties in the state. This is a Red Feather Agency, and receives a grant from the Community Chest of Philadelphia and vicinity. Children's Service is a member of the Child Welfare League of America and the Health and Welfare Council of Philadelphia.

CHAPTER III

THE NORMAL CHILD

A child who, according to the medical examination prior to being accepted by the agency, did not require any special medical care, will be discussed in this chapter. This child whom we shall call Grace Perry, was selected because the care given her illustrates the medical service received by the average dependent child who is placed in a foster home on a boarding basis by Children's Service. Along with the discussion of the medical services, some informative background material about Grace will be embodied. This will include such facts as the reasons why this child was placed in a foster home, where and how she was placed, the use she made of placement, and the eventual outcome. This is necessary, as it would be almost impossible to separate the physical from the emotional aspects involved in considering the whole child.

An agency, set up to provide adequate, wholesome care for children needing foster home placement, would most likely be aware of the two above named factors, which, together, are particularly important in the total care of the child. To acquaint the reader with the way this child is regarded by Children's Service, a limited amount of information concerning the function, policies and procedures of the agency will be interspered throughout this and proceeding chapters.

Grace was five years old when she first became known to Children's Service, in December, 1943. Her mother, Miss Perry, came to the agency requesting placement for this child who had been born out of wedlock. Although the putative father admitted paternity to the court officials, he was unwilling to provide any financial security for Grace.

Soon after the baby was born, this man absconded, leaving the mother with the entire responsibility of caring for Grace.

At the time of the request for placement of the child, Miss Perry was employed on a full time basis as an elevator operator. Her problem, therefore, was not in regard to finances, but rather in her inability to provide adequate care and suitable living accommodations for her daughter. She and Grace were residing with a married sister and her family.

Reportedly, the sister was a troubled and impatient woman. The daily care of Grace, when Miss Perry was at work, was proving to be too burdensome for this upset woman. The mother realized this and sought a more stabilizing form of care for her child. Having no other relatives, or friends residing in this city, who would assume the responsibility of caring for this growing child, the mother came to Children's Service.

This problem was discussed at length in a conference with the Case Work Supervisor in charge of the Reception Department. It was felt that placement for Grace was needed and wanted by the mother. The Supervisor talked with the mother about the responsibility of the agency in placement, informing her that clothing, medical care and supervision by a trained social case worker would be provided for her child should she be placed with Children's Service. The use of the two types of homes, temporary and long time, and visiting regulations were discussed also with the applicant. Miss Perry was given time to think this through, and after consideration of what was involved in placement, was left free to either accept or reject what the agency had to offer her. When the mother decided that placement was what she wanted for her daughter, she was referred to the Municipal Court of Philadelphia where she filed a petition

which stated, in effect that she could not provide a home for her child and that she needed help with this problem.

During the period of the court investigation, a worker from the agency visited Grace in her aunt's home. This visit had a two-fold purpose: (1) To become acquainted with the child and talk with her about some of the processes of placement; and (2) to make arrangements for a medical examination at the Associated Medical Clinic prior to commitment by court and placement by the Agency.

This clinic, hereinafter referred to as AMC, is maintained by eleven private social agencies. Its staff consists of a Medical Chief, who is a Registered Pediatrician, two Associate Physicians, and one Stenographer. As all children placed in foster homes by Children's Service are under the medical supervision of AMC, which provides routine medical and dental care during the time they are with the agency; Grace was taken there.

Information about her previous medical history, received from the mother during the initial office interview, was given to the examining phisician. Grace had not suffered any childhool illnesses, but she did have an attack of pneumonia when she was six months old. The child then received a thorough medical examination. The doctor states that she was in satisfactory condition for acceptance into care and did not make any medical recommendations.

Two copies were made of the physician's report, one remaining with AMC for their records, and the other being sent to Children's Service. This, along with the report of the medical examination given Grace by the physicians at the Municipal Court, began the medical history of this child with Children's Service. Both the examinations occured before

Grace was placed in a foster home.

Within three weeks of the application date, the case was listed for hearing before Judge presiding over the Juvenile Division of the Municipal Court. By that time, Grace had become aware of what would be taking place, and the agency had taken advantage of all opportunities to get to know this child and something of her emotional and physical needs, in order to find the best available foster home for her. As a result of the court's ruling, Grace was committed to the custody of Children's Service for placement in a foster home. Miss Perry was willing and able to partially reimburse the County of Philadelphia for the cost of caring for her child.

After the hearing, Grace and her mother were separated. Grace was taken by her worker to the agency where the clothing she had brought with her from home, was inspected and counted. It was found that she needed additional garments to complete her wardrobe; and these were supplied from the Clothing Room by the Clothing Room Supervisor. Aside from Acquiring the needed clothing, Grace received a visual conception of the place and people, who were playing such a large role in her present life.

The foster mother know when Grace would be arriving and had prepared a palatable lunch for her. The child, depressed because of her recent parting with the own mother, was soon able to respond to the warmth of the foster mother and interest of another child placed in the same home. The worker shared part of Grace's history with the foster mother letting her know that aside from periodic supervisory visits to the foster home to see how she and the youngster were getting along together, and pro-

viding additional clothing when needed, she would be responsible for returning Grace to clinic for a medical examination within six months. The policy of the agency is to have all children examined twice a year by the doctor, and the dentist.

If the doctor at AMC had made any medical recommendations, referring Grace to a hospital or a clinic, treatment would have begun and been completed, if possible, during the period of time she was in the temporary foster home.

Grace remained in her temporary foster home for six months. She did not reture to AMC during that time as she had not been ill. While in the temporary foster home, however, she received a dental examination a month after placement, and it was revealed that her teeth were in excellent condition. During this time Grace, with the help of the foster mother and the worker, had become used to living away from her mother, and was aware of some of the reasons why placement was necessary.

The worker, through her association with the child and in talks with the foster mother was better able to understand Grace's needs than when she first came into care. Miss Perry, after two conferences with the family worker, expressed her feeling that she would not be able to make a suitable plan for Grace as the time approached for the child to leave the temporary foster home.

This necessitated the provision of another home for Grace where she could remain on a long time basis. The better understanding of Grace's needs aided in finding a suitable home for this girl. All information about her was summarized and passed on to the worker who would be placing Grace in her new home.

At the end of six months, Grace was removed from her temporary foster home. On the day of removal, she was taken to AMC where she received a complete medical examination. It was discovered, that she had only gained one pound since her last examination, therefore, the doctor prescribed a tonic to help her gain weight. No further recommendations were made, the examiner stating that her physical condition was normal.

Grace was then ready to be placed in her long time foster home where she was taken by her new worker from the Longtime Department. Along with other information shared with the foster mother about this child, the worker explained the use and need of the tonic dispensed at clinic. Grace was sullen and resentful at times, when she longed to be with her mother. The love and attention she received from her foster mother, coupled with the support and understanding given by the worker during her regular monthly visits with the foster family and child, helped Grace to make a satisfactory adjustment in this home.

Four months after being placed in the long time foster home, Grace had an attack of whooping cough. When the child became ill, the foster mother called her worker who authorized her to call the family physician. As this disease is contagious, Grace was of course not taken to AMC for treatment as her condition would have endangered the health of other children attending the clinic. However, after being discharged by the family physician, Grace received a complete examination at AMC.

The doctor at clinic had the benefit of the family physician's report on his diagnosis and treatment. This report was incorporated in the medical record of the child. A minimum of play activity and a wholesome diet was recommended by the physician at AMC. This was later dis-

cussed with the foster mother who was willing to cooperate with the suggestions made at clinic.

Grace's recovery from her illness was uneventful and did not require her returning to AMC until six months later when it was time for her routine medical examination. She had gained three pounds and appeared to be in good health. The physician felt, however, that her chest should be X-rayed to be certain there was not any congestion due to the whooping cough. Grace was referred to a local hospital where she received the chest X-ray. The hospital report which stated that the X-ray was negative, was forwarded to AMC and added to her medical record. It was also included in the medical record kept by the agency on this child.

Six months later this youngster was again taken to AMC for a routine examination. She had gained four pounds and the check-up recealed that Grace was developing normally physically. In a supervisory visit to the foster home, the worker learned from the foster mother, that Grace had been complaining about twitching of the right eye lid.

After a preliminary examination of the child's eyes, at AMC, the doctor suggested that she be seen by the oculist. An appointment was arranged with the specialist associated with the clinic, to follow-up the doctor's recommendation. Two months later Grace received glasses which were to be worn all the time. It was requested that she return in one year for a re-examination of her eyes.

Five months later, Grace made her final visit to AMC. This was in conjunction with her being discharged from the agency. During the time Grace was in care, approximately two and a half years, her mother had

sustained a close relationship with her. She wanted to visit the child more often in the foster home, but was able to limit herself to the agency regulations regarding visiting.

When Miss Perry felt she could assume full responsibility for her daughter, she discussed her plan with the family worker. This conference was one of several which the mother had at the office while Grace was in care. With the feeling that Miss Perry had carefully planned for her daughter's return, the worker sent her to Municipal Court as it was necessary to apply there for Grace's discharge. The mother was ready to do this. After the application was made, a court worker considered the plan and investigated the living conditions of the home where Grace was to live with her mother.

Grace knew from talks with her worker, that she was going to live with her mother. She was so anxious to meet her mother at court on the day of her discharge that she wanted to dispense with the final examination at AMC. However, it was necessary for her to be examined at clinic and she was found to be in excellent health. Had there been any recommendations made by the examining physician, Miss Perry would have been advised. She was given the information, however, that Grace should be seen by an oculist within a year of the date on which she received her glasses.

Later that day, the case was heard at court and the youngster was discharged to her mother.

CHAPTER IV

THE INFANT

This chapter is concerned with the medical services provided for a baby, Larry Cooke, placed in a licensed Boarding Home. The medical care given this child, while he was in care, is typical of that received by most babies accepted for placement by Children's Service.

Larry was placed in his temporary foster home in June, 1946, when he was nine months old. His mother, Mrs. Cooke, had come to the agency several weeks prior to placement, requesting help with the care of her little boy. Her husband, after being discharged from the Armed Services, had returned home and found that his wife had given birth to Larry while he was overseas. Realizing that he was not the father of the baby, Mr. Cooke separated from his wife.

At the time of the application, Mrs. Cooke was pregnant and expecting the birth of her next child momentarily. She was living in one room with a friend, in a housing project. Since her friend was working, there was no one to care for Larry during her confinement. Therefore, she requested the help of the agency in placing him until she could resume the responsibility of caring for him.

Children's Service accepted this child for placement after Mrs. Cooke had completed the procedure of applying at the Municipal Court, described in the previous chapter, after which he was committed to the care of the agency at a court hearing.

Before placement, Larry was examined by the Medical Department of Municipal Court. Their report, forwarded to the agency, stated that he was a slightly undernourished child, and in need of medical care.

He was also examined at AMC, where he was taken by the agency worker, prior to the date of commitment. A throat culture was taken. The negative result indicated the absence of diptheria baccilli. A Licensed Home form was signed by the examining physician, stating the condition of the child's health, and mailed to the agency.

Before further discussion regarding Larry, it is well to include here a definition of a Licensed Home. For the protection of its infants, all boarding homes with more than one child under the age of three must be licensed by the State. A person desiring to board infants must file an application with the Bureau of Community Welfare, Department of Welfare, Harrisburg, Pennsylvania, enclosing a fee of five dollars. The agency desiring to make use of the home, makes an investigation and send its report to a representative of the Department in Philadelphia. When the home has been approved, the license is sent to the foster mother. "Each license states the total number of children which can be placed in the home; the number of infants under three years; and the number of children over this age."[1]

The foster mother receives a Register Book at the time of approval. This book accounts for all the children placed in the home, the date of placement and the date of removal. When the Register Book has been filled, it is sent to the Bureau of Community Welfare.

There are two Admission Slips that are filled in when a child, regardless of age, is placed in a licensed Home. One is sent to Harrisburg, and the other is sent to City Hall Annex in Philadelphia. Likewise,

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[1] Hazel L. Hampton, "Procedure for Licensing a Foster Home," 1948, (mimeographed.)

when a child leaves a Licensed Home two Discharge Slips are filled in and signed by the foster mother. The recipients of these forms are the same as those named for Admission Slips.

When a child is admitted, a physical examination form is completed by the doctor at AMC. This form is retained by the agency and sent to Harrisburg when a license for a home is to be renewed. Re-examination forms are completed by the physician every three months if the child is under one year of age and every six months if the child is from one to three years of age.

Following the above procedure, the Bureau of Community Welfare is thereby constantly aware of the physical condition of the infants placed in Lincensed Boarding Homes. Through the periodic physical examination at AMC, the agency also ascertains the medical requirements for children placed in its foster homes.

A month after being placed in the temporary foster home, Larry received the first injection of Triple Vaccine, for immunization against Diptheria, Tetanus, and Whooping Cough. This protection is provided for all infants who have not been immunized before being placed with the agency. Within the time limit of three months, Larry received the second and third injection of the Triple Vaccine in two successive visits to AMC.

In December, 1946, blood was taken for a Wasserman Test, which was followed by a negative reaction.

The foster mother and the worker discussed Larry's physical condition, along with talks concerning his emotional development, during their contacts while this child was in the temporary foster home. Through diet forms, supplied by AMC, the foster mother received the knowledge of the

types of nourishing foods required to improve his health. The medical examinations at AMC revealed much improvement in the physical condition of this child during the six months of placement in his first foster home.

In December, 1946, Larry was removed from this home and placed in a permanent foster home as his mother indicated, in conferences with the family worker, that she could not assume responsibility for his care at the time. On the date of removal, he received a thorough check-up at AMC. The examining physician stated that he was a well developed and nourished child, however, he did have a cold. There fore, cod liver oil for daily use and nose drops, to be used when necessary, were dispensed by the clinic. A Licensed Home Form, stating the condition of his health, was signed by the physician and sent to the agency. As Larry was still under three years of age, the Longtime home where he was placed, also had to be licensed.

When Larry returned to AMC in April, 1947, the examination revealed that his physical condition continued to be normal. However, the physician felt that he should be circumcized as soon as possible, and a slip referring this child to a local hospital, was given to his worker. It was then the worker's responsibility to follow through with the recommendation for a circumcision made by AMC.

Two months later, Larry was taken to the Urology Clinic of a local hospital where he was examined and the need for a circumcision was determined. An appointment was given, at the time of the examination, stating that the operation could be performed on a date approximately one month later.

On the appointed date, the child was taken to the hospital where he

was to be left overnight for the operation to be performed. The preliminary examination by the hospital physician, prior to admission, revealed that Larry's nasal passages were congested, due to a cold. The doctor did not feel that his physical condition was satisfactory for the operation. He recommended further use of the nose drops which had been dispensed by AMC. The worker received another appointment to bring the child back to the hospital three weeks later.

When the three weeks had expired, the worker returned to the hospital with the child. Another preliminary examination was given, and Larry was admitted to the hospital to be circumcized. His own mother had given her permission for any necessary operations to be performed by the signing of a Medical Consent Form, at the time when placement was being considered. The day following the operation, the child was replaced in the foster home by the worker. She advised the foster mother about the requirements for after-care, and requested that the agency be notified should any complications occur.

The post-operative examination was performed two weeks later at AMC. The check-up disclosed that Larry had made an uneventful recovery. Five months later, another medical examination was given at AMC. Larry had gained weight and it was felt that his condition was very satisfactory.

Mrs. Cooke had several conferences with the family worker while Larry was in his foster home. This mother, who had maintained an interest in her child during the placement period, had obtained an apartment and was completing plans to have Larry home again. She had been receiving Aid to Dependent Children since the birth of Larry's little brother. Her worker from that Department had assured her that Larry could

be included in her present grant after he had been discharged from Children's Service and returned home.

After discussing this plan with the family worker, Mrs. Cooke also presented it to her worker at Municipal Court. It was felt by agency and court that Mrs. Cooke was ready to reassume the care of Larry. On the date of discharge, which occured five weeks after the last visit to AMC, Larry was again examined by the clinic physician. It was found that this child, who had come into care as a slightly undernourished child needing medical care, was in excellent health and free of infectious or contagious diseases.

CHAPTER V

THE CRIPPLED CHILD

Since assuming the responsibility of continuing the work of the House of St. Michael and All Angels, Children's Service has provided care for a large number of handicapped children.

Although the physically handicapped person is frequently placed in a catagory where he is judged in terms of the nature of his defect, he should be viewed as an "individual with similarities and differences found in individuals within the population at large."[1] Children's Service, in accepting crippled children for placement, is aware of each child as an individual. All efforts are made, as in the case of all o other children, to have him attain social, emotional, and occupational security. While the agency considers educational and emotional development of the handicapped child as important factors involved in his total restoration and rehabilitation, this chapter will stress the medical care provided which is necessary for his well being. In the following discussion, centered in a child who will be called Allan Jones, a description of these services will be given.

Allan's grandmother, Mrs. Brown, was referred to Children's Service by the Municipal Court. This woman had taken care of Allan, who was nine years old at the time of referral in 1947, almost since he was born. The mother, an irresponsible young woman, had never provided adequate care for him. Therefore, the grandmother felt that it was her responsibility to assume his care. The whereabouts of the father was unknown.

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[1] Arthur T. Orner, "Counseling the Individual Who Happens to be Disabled," The Crippled Child, XXII (August, 1944), p. 35.

Several years before the case was known to the agency, Allan suffered an attack of poliomyelitis, leaving his body withered below the waist, with his legs encased in heavy braces supported by a pelvic band.

Mrs. Brown requested placement for Allan because she had found it difficult to manage financially and provide adequate medical care. The situation described above was discussed with Mrs. Brown by the family worker. The agency agreed to accept this child, and he was later committed to Children's Service at a hearing in Municipal Court.

All children receive a medical examination at the Municipal Court prior to placement, except in emergencies. Allan received this examination and the physician rendered a diagnosis of paralysis of the lower extremeties, and also the presence of two carious teeth which needed dental attention. He recommended dental and continued medical care for this child.

The second examination of Allan, before he came into care, took place at AMC. The information that he had been treated for poliomyelitis in a local hospital in 1944 had been received by the agency through clearance with Social Service Exchange. A report of this was of course given to the clinic physician. After a thorough examination of this child, the following recommendations were made: Follow-up care at the same hospital where Allan had been treated in 1944, and a check-up of his braces and crutches which seemed to be too small.

Five days after Allan was placed in his temporary foster home, he was taken to have his braces repaired. At the same time, new braces were ordered. The cost of the repair and new braces was provided by an organization called "Emergency Aid," which assumes responsibility such as this when needed.

One week later Allan was fitted with his new braces. This child, (who, when first placed, was practically helpless), seemed to have the desire to do something about this after he had had several talks with his case worker. Although he was known to be an intelligent and alert youngster at the school for handicapped children which he attended, his grandmother had demanded little of him in regard to his being as self-sufficient as possible. With understanding, encouragement, and stimulation from the worker and the foster mother, this child was soon attempting to take steps with the aid of his crutches. In time, he even managed to walk a very short distance without the crutches.

Approximately one month after placement, Allan was taken to the Dental Clinic where he received the first of six treatments which he was to undergo in as many months. At the completion of this extensive dental treatment, he received a certificate which stated that his teeth were in a satisfactory condition. As it is the policy of the agency, he would be returning for a check-up at the end of a six month period.

During the time Allan was attending Dental Clinic, he was also being taken for periodic follow-up examinations at the clinic of the hospital where he was first treated for poliomyelitis. The first two visits to the Orthopedic Clinic were made at six week intervals. However, he was apparently making such rapid progress in his general physical condition and the use of his braces and crutches, that thereafter the examining physician at the clinic requested that he come in for check-ups only once every three months. Ten months after placement, the doctor stated that his progress was remarkable.

Whenever necessary, which occurred two times during the first ten

months, Allan was taken to have his braces adjusted. Aside from the responsibility carried by the agency worker in this case, Emergency Aid, cooperating with the school, which made periodic examination of its students, also arranged for minor repairs to be administered.

Allan was visited intermittently in his temporary foster home by Mrs. Brown, but his mother did not establish a sustained relationship with him or the agency. When the time came for Allan to leave his first foster home, Mrs. Brown responded to an appointment offered to her by the family worker to discuss future plans for her grandson. She was unwilling to recognize the progress Allan had made since being placed, and felt that she could, if he were home, carry the same amount of responsibility as that of the foster mother.

The grandmother, however, realized her financial limitations and was not able to offer any plan concerning her ability to continue the medical care which Allan needed. The agency was aware of what it would mean to Allan to return to his grandmother's home. Therefore, instead of moving the youngster to a Longtime home because his grandmother was unable to provide adequate medical care for him, the agency considered the plan of placing him with Mrs. Brown and providing board, medical care and supervision.

A worker visited the grandmother's home. In spite of the minimum physical standards, it was felt that the love and relatedness of Mrs. Brown for her grandson compensated for its limitations. After ten months of living away from home, Allan was returned there under the direct supervision of the agency.

Allan is still in the care of Children's Service which has continued

the responsibility of payment of board, and providing the required medical care and agency supervision. Since returning home, he has been taken by his worker to the Orthopedic Clinic for regular check-ups. The physicians at the clinic do not feel he will ever walk without the aid of his braces and crutches, but it hoped the continued stimulation from school, clinic, home, and agency will enable him to provide an average livelihood, and the possibilities of a satisfying life.

CHAPTER VI

THE CHILD WITH PRIMARY TUBERCULOSIS

Children who, prior to being committed to the agency, have had contact with a victim of active tuberculosis, require a very special type of medical care. To combat this disease, which kills about fifty-five thousand people in the United States every year,[1] Children's Service makes use of every available resource to insure the well being of these children. In the presentation of the care of Cathy Turner, a description of tne medical care provided for a child who has primary tuberculosis will be given. Although Cathy's four siblings received the same medical services as she, the emphasis will be placed on her care.

The five Turner children were referred to Children's Service in the early part of 1946, primarily because of a health problem. They had been exposed to tuberculosos through contact with their mother who died in 1945. Since the death of Mrs. Turner, the children had lived with various maternal relatives, but had apparently never received good care. Their father, an inadequate and irresponsible person finally took them to his residence which consisted of two miserably crowed unkempt rooms. The children had come to the attention of the City Chest Clinic when, after the death of the mother, they had been X-rayed and found to have primary tuberculosis.

Mr. Turner was negligent in providing wholesome and adequate care for his children, hence the Municipal Court and the Society to Protect

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[1] "Tuberculosis Through the Teens," Published by the National Tuberculosis Association, 1949.

Children from Cruelty became actively interested in the case. In spite of the dire need of these children for medical care, the father was reluctant to have them leave his home. There was not sufficent living space for six people in the two rooms where the family was living, however, the only need for placement recognized by the father was concerned with the health problems of the children. On that basis, he could accept placement for Cathy, her two sisters, and two brothers.

One month after the case was referred to the agency, Cathy was placed in a temporary foster home for the duration of one month while plans were completed for her placement in a Preventorium. Children who have a primary infection and have a positive reaction to the Mantoux test, but do not have active tuberculosis are accepted for preventorium care.[1] This institution extends preference to children where there are a social and economic problems in the family.

Prior to admittance to the Preventorium, Cathy was examined at AMC. Her examination revealed that she was under average weight and had primary tuberculosis. The report sent to the agency grom the City Chest Clinic, where Cathy was known, was forwarded to the clinic. Both AMC and the City Chest Clinic recommended institutional care.

Cathy also received an examination, which included X-ray, at the Dispensary which sponsors the Preventorium. All applications for admission to the Preventorium must be filed at this Dispensary and every child must be examined by his physicians before acceptance.[2]

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[1]Annual Report of The River Crest Preventorium and Kensington Dispensary, 1947, p. 1.

[2]Op. cit., p. 2.

When it was felt by the physicians there that treatment was needed, Cathy's worker from Children's Service was given an appointment to bring her back to the Dispensary, and from there she would be placed in the Preventorium. When Cathy was returned to the Dispensary at the appointed time, she was re-examined by the physicians and placed the same day in the Preventorium.

The treatment Cathy received at the Dispensary consisted of sunshine, fresh air, wholesome food, and adequate rest.[1] She received periodic X-rays which determined her progress and the length of time she should receive the type of care offered there.

During the Winter months, the child attended the daily classes at the Institution under the supervision of an accredited teacher, provided by the Philadelphia Tuberculosis and Health Association. Cathy, although nine year of age, was only in the second grade. Repeated absences from school while living with relatives had affected her progress. The instructor was able to see some advancement in her work as time elapsed.

Cathy received treatment in the Preventorium for the period of one year. She was visited periodically by the case worker who attempted to help her to settle down and become accustomed to the idea of living away from her family. As her condition improved and the time drew near for her to be discharged from the Preventorium, the worker, aside from discussing future plans with Cathy, had several conferences with the Superintendent about the follow-up care required. Cathy, it was disclosed, should be placed in a foster home where she could receive

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[1] Ibid., p. 3

nourishing food, and adequate rest similar to that provided at the Preventorium. Also for the period of time deemed necessary by examining physicians, she should have periodic X-ray examinations at a City Chest Clinic.

Mr. Turner had not sustained any relationships with Cathy after she had been removed from his home. Repeated attempts made by the family worker to get in touch with him failed. Thus, Cathy was placed in a Longtime foster home, when she was discharged from the Preventorium in good health.

This child was examined at AMC before being placed in the foster home. The clinic physician reported her weight as normal and stated that she appeared to be in good physical condition, well developed and well nourished. No special recommendations were given.

During the sixteen months in which Cathy had been living in the foster home, she received five periodic follow-up examinations at AMC. After the seventh month a loss of weight was reported, and the clinic dispensed medication to help in weight gaining. During successive examinations, there has been a gradual but steady increase in weight. At the presnet time, her weight is normal and her general physical condition is reportedly satisfactory.

Regular X-ray examinations administered at the City Chest Clinic have revealed the absence of appreciable signs of pathology.

When discharged from the Preventorium, Cathy was in need of extensive dental treatment. All of the necessary dental care was completed within six months after placement in the foster home.

At the time of this stay, Cathy was living in the foster home where

the foster mother, with help from the worker, was providing the quality of care necessary for her continued good health.

CHAPTER VII

THE CHILD WITH SICKLE CELL ANEMIA

The importance of blood to health has been known for centuries, but the mysteries of blood have remained unsolved until recently.[1] The final example of medical care provided for its wards by Children's Service is centered around a child who depends on blood transfusions to live. This boy, Frank Granis, is a victim of sickle cell anemia, a rare disease occuring in about seven percent of the Negro population.[2] It is known to chiefly affect infants and young children.[3] Before further discussing this unusual disease and its treatment, the way Frank came to the attention of the agency will be given.

At the time of referral by the Municipal Court in 1944, Frank, age 16, was living with a friend of his family. He had been placed there by his mother after leaving a tuberculosis sanitorium where he had been treated for one year and released when his illness was diagnosed as anemia and not tuberculosis. His mother, Mrs. Granis, manifested no further interest in him, and his caretaker assumed the full responsibility for this sick boy.

This woman, who was unable to provide the type of care Frank required, referred the case to court. After it was learned that Mrs. Granis was neither willing nor able to care for Frank, Children's Service agreed to accept him for placement. This child's father was a mental patient, hospitalized in the State Hospital.

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[1] William C. Hamilton, "Blood Saves Lives," Welfare, XV (April, 1949), p. 87.

[2] Ernest Kraft, M. D., "Sickle Cell Anemia," American Journal of Roentgenology, ed. Charles C. Thomas.(Illinois, 1947), pp. 54, 228.

[3] Ibid., p. 224.

The nature of Frank's illness required the use of a convalescent boarding home. He was placed in this type of home located in a rural section, after he had been examined at the Municipal Court and at AMC. The physician at court recommended an eye examination and treatment for sickle cell anemia, when necessary. AMC in its preliminary examination, recommended the use of a tonic, yeast tablets, and a nutritive diet to help Frank, who was thirty-four pounds under average weight, to gain in poundage.

To give the reader some understanding about this child's illness, a description of the condition which causes this illness will be given. "The variation of anemia, called sickle cell, was given this name because of the presence in the blood stream, of thin, elongated, sickle-shaped and crescent-shaped forms of red corpuscles."[1] When these forms become entangled, the regular flow of blood is hampered and pain may result. The condition is often discovered while the patient is being treated for a respiratory infection.[2]

This type of anemia is characterized by such symptoms as physical weakness, fatigue, shortness of breath, failure to gain weight, abdominal distress and pains in the extremities. Laboratory studies demonstrate the presence of the sickle cells. Therapy has been ineffective so far; however, blood transfusions have given temporary relief in infancy and childhood.[3] Aside from blood transfusions, treatment consists of rest in bed

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[1] James B. Herrick, M. D., "Peculiar and Sickle-Shaped Red Blood Corpuscles in a Case of Severe Anemia," Archives of Internal Medicine, Vol. 6 (1910), p. 519.

[2] Ernest Kraft, M. D., "Sickle Cell Anemia," American Journal of Roentgenology, ed. Charles C. Thomas (Illinois, 1947), pp. 54, 228.

[3] Ibid.

and nourishing food. Usually the pain of sickle cell anemia responds to energetic sedation. Very rarely do patients live beyond the age of thirty.[1]

The physician at the Municipal Court recommended an eye examination for Frank, which was subsequently followed through three weeks after he was placed in his foster home. As a result of the examination by the oculist, drops were prescribed for refraction. One month later, Frank was returned to the oculist and glasses were ordered for him.

Frank had received treatment, which consisted of routine blood transfusions for sickle cell anemia at a local hospital before he became known to Children's Service. This child who suffered all the painful symptoms of the disease, was returned to that hospital, six weeks after placement in the convalescent home, in a state of near collapse. Although he was not scheduled for a transfusion at the time, the physician, recognizing a crisis which consisted of nausea, vomiting and severe pain in the limbs, ordered him to be hospitalized. Frank was interned for four days, during which time he received a series of blood transfusions. At the time of discharge from the hospital, the worker received an appointment for this child to return for further treatment.

Frank was replaced in his foster home where he received nourishing food and the opportunity to rest. The worker and Frank had regular talks together at which time they discussed his relationship to his family, how he felt about living in a foster home, and his physical condition and what it meant in terms of his limitations. This boy who wanted to work on a neighboring farm, was cautioned not to assume any heavy task or engage in

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[1] Ibid.

activities which caused excessive physical exertion.

The foster mother, who was paid a special rate for providing convalescent care for Frank, and the worker also had regular talks centered around the child. During such times, the worker learned about Frank's adjustment to the foster home, helped the foster mother with any problems he was presenting and shared with her any necessary medical information about him to enable her to provide the best possible care.

Three months after he had been released from the hospital, Frank was returned on the appointed date to undergo further treatment. This time he remained there twelve days. The hospital authorities expressed an interest in the case, and Frank received many laboratory tests.

For nine months the boy assiduously kept all appointments, spaced at three month intervals, for additional treatment at the hospital; but there was a decided change in his personality toward the end of this time. While he had been understanding and cooperative during the past months, he began to show signs of being restless, irritable and aggressive in the foster home. Around this time, he began a pattern of running away from the foster home and returning thoroughly exhausted and ill. From February, 1945, until January, 1946, he ran away on five different occasions with time limits of from two to six days.

After he had been hospitalized from transfusions and laboratory tests for three weeks in September, 1945, Frank, upon being released, stated that he would not return for further treatment. He felt that he was being used as a guinea pig and began to realize that a cure for his condition was almost helpless. In talks with him, the worker learned that he was resentful toward his mother because of her indifference concerning him. He seemed to

have no desire to live, and on several occasions expressed the wish to be with his father who had died earlier in the year. On the basis of his decision about not wanting further medical care, the agency referred him to court for a psychological re-examination in October, 1945. The examiner, however, did not feel that Frank was mentally ill. He continued living in the foster home where he was placed, except during the time when he ran away.

For the next seven months Frank refused treatment, and his physical condition began to decline rapidly. He became increasingly irritable and was cruel to two small boys also placed in the foster home. The foster mother had been disturbed by his numerous runaways, and was even more distressed at the treatment he inflicted on the younger children. The agency felt that this restless, confused and sick child could no longer use foster home placement constructively and referred his case to court, requesting that a more suitable plan be made for him. Action by court was delayed until his eighteenth birthday because of the absence of any interested relatives or existing resources to care for him.

Although he refused to return to the hospital during that period, Frank was willing to return to the oculist at the expiration of a year, when it was time for another examination of his eyes. A new prescription for glasses was given, and it was observed that he made regular use of his glasses. He also was cooperative about returning to AMC; but, because of his physical condition, that agency could only refer him back to the hospital for further treatment. The worker discussed this with Frank, but he maintained that he would not return.

One week before his eighteenth birthday, when he would have been dis-

charged from Children's Service, this boy became violently ill and was taken to the hospital. Because of his attitude toward treatment, the authorities were not willing to admit him. However, through the efforts of the worker, he was accepted for treatment. It was in the hospital that the agency had its last contact with Frank, as he was discharged from supervision on his eighteenth birthday while still under medical care.

CHAPTER VIII

SUMMARY AND CONCLUSIONS

This thesis has illustrated and described the medical services provided for children placed in regular, convalescent, and licensed foster homes on a boarding basis by Children's Service, Incorporated, a child placement agency. The purpose was to show the need, the use of existing resources and the extent of these services.

Five case records from the files of the agency were selected for use because they illustrated the medical services available for the average dependent, neglected, homeless or handicapped child and those requiring convalescent care. Information received through personal contacts, selected bibliographical material, and the writer's own experience with the selected cases supplemented the case material.

While part of this study has developed the historical background of Children's Service, Incorporated and shown its function and policies, the emphasis has been placed on the medical care provided for its children.

"The normal or average child" (Chapter III) was five years old when she became known to the agency. The mother had requested foster home placement because of her inability to provide adequate care and supervision for the child. After the mother had discussed her problem with the agency worker and the need for placement was determined, she was referred to the Municipal Court of Philadelphia where she filed a petition indicating her need for help with the care of her child.

This step was necessary since all children placed in foster homes by Children's Service are committed to its custody by order of this court.

Before the court hearing, this child received physical examinations at the Associated Medical Clinic, which has routine medical supervision of all wards of the agency, and the Medical Department at the Municipal Court.

Both examining physicians stated that she was not in need of any special medical care. In spite of this, she received periodic examinations by a physician at AMC at six month intervals which enabled the agency to be aware of her physical condition and any medical needs.

When this child developed whooping cough while still in care, the services of a local physician were required. After being treated and discharged by the local physician, she was given a complete check-up at AMC where the report of the treatment she received had been forwarded. The reports of these and all other examinations were incorporated in the medical record maintained by the agency and AMC on this child. As a result of the examination at AMC, she was referred to a local hospital where her chest was X-rayed for the purpose of locating any congestion which might have been caused by the whooping cough. AMC and Children's Service were notified of the negative result of the X-ray.

Subsequent examinations at AMC revealed the need for dental treatment and eye glasses, and these were provided through the facilities of the dental clinic and the oculist associated with the agency. At the time the glasses were received, the oculist requested that this child return for a re-examination in one year. Five months later, when she was discharged from the agency because her mother was ready for her return home, this information was given to the mother. On the date of discharge, the child was examined at AMC and found to be in excellent health.

"The infant" (Chapter IV) was placed by the agency when this was re-

quested by his mother after her marriage had dissolved. When application to the agency was made, the mother was expecting another child, however the husband denied paternity of both children.

Before placement, the medical examiner at Municipal Court reported the child to be undernourished and recommended medical care. This infant was placed in a licensed boarding home where his physical needs were made known to the foster mother. All boarding homes with more than one child under the age of three must be licensed by the State. Within three months after placement, "the infant" had received the three injections of Triple Vaccine, for immunization against diptheria, tetanus and whooping cough, which are provided for all infants who have not received them prior to placement with the agency. A Wasserman test was administered at AMC with a negative reaction.

When the clinic physician recommended a circumcision during a subsequent physical examination at AMC, he was referred to a local hospital where the operation was performed. A post-operative check-up was given at AMC and, after this, routine medical examinations were continued there until this child was discharged from the agency to his mother. The physician at the clinic stated that this child was in good health when he was examined on the day of removal from the foster home.

"The crippled child" (Chapter V), placed by the agency because his relatives were unable to provide adequate medical care, required more extensive medical care than the two previously mentioned children. This youngster, who had suffered an attack of poliomyelitis several years before he became known to the agency, was withered badly below the waist which necessitated the constant use of heavy braces and crutches. Aside

from the routine medical examinations at AMC, his care entailed periodic examinations at the orthopedic clinic of a local hospital.

While placed with the agency, he received these services and also brace and crutch adjustments and replacements when necessary. The extensive dental care he needed was provided. When this child's grandmother expressed her willingness to provide a home for him, he was placed there. It was necessary, however, for him to remain under the direct supervision of the agency because this woman was unable to provide him with the much needed medical care. Although his physicians feel he will never be able to walk without the aid of his braces and crutches, there is comfort in the realization that he seems to be responding to the stimulation and care provided at home, special school, clinic and the agency.

"The child with primary tuberculosis" (Chapter VI) was referred to the agency because her father was not providing her with the necessary medical care and treatment. After the death of her mother, due to tuberculosis, she and her four siblings had been inadequately cared for by various relatives.

The City Chest Clinic, the Municipal Court and the Society to Protect Children from Cruelty were actively interested in this family. In spite of the reluctance of the father, this child was committed to the custody of Children's Service so that she could receive the needed medical care.

Her illness required the quality of medical treatment offered by an institution. After eligibility had been established, and the necessary examinations were given, this youngster was placed in a preventorium where she remained for one year. Treatment consisted of sunshine, fresh air, wholesome food, and adequate rest. Periodic X-rays determined the length of time

she should remain there.

The agency worker visited her regularly in the Preventorium and discussed, with her and the superintendent there, plans for follow-up care after her discharge. When her condition was arrested, this child was placed in a foster home where she could receive nourishing food and adequate rest.

She was examined regularly at AMC and follow-up chest X-rays were taken periodically at a City Chest Clinic. This child required extensive dental care, and this was provided at a dental clinic. Thus, through making use of the facilities of the Preventorium, City Chest Clinic, dental clinic and AMC, this child is now considered to be in good health by physicians.

"The child with sickle-cell anemia" (Chapter VII) a victim of a rare disease, did not have any relatives who were interested in his welfare. A friend of his family solicited help with his care, hence the agency accepted this sick boy for placement. The physician at AMC and the Municipal Court recommended medical treatment for his disease and an eye examination.

Treatment, which consisted of rest, nourishing food and routine blood transfusions was provided by the agency. He was placed in a convalescent boarding home where he received wholesome food and the opportunity to rest.

The services of a local hospital were employed to administer blood transfusions when necessary. As a result of an eye examination by the oculist revealing the need for glasses, these were provided on two occasions.

It has been observed that the "normal child" and "infant" required less medical care and the use of fewer resources than the other three cases used in this study. The former might be considered as the average medical care provided for the largest number of the children accepted for foster home care

by the agency. Children's Service, however, is dedicated to the care of the physically handicapped and children needing convalescent care as well as to the homeless, neglected and dependent child. The description of the medical care received by the latter three cases indicates the agency's ability to provide adequate medical services for them through the use of its own and collaborative resources.

It is felt that the "child with sickle-cell anemia" benefited less from these services as he refused medical treatment which was available. His emotional and physical condition seemed to indicate that the services of an institution providing psychiatric as well as medical treatment would have been advantageous. Unfortunately, a resource of that nature was not available at that time.

This study reveals that Children's Service, which had its origin in 1894 as a charitable children's institution under the aegis of the Protestant Episcopal Church of the Pennsylvania Diocese, has developed into a child placement agency capable of responsibly providing the necessary medical services for its wards. If these services had not been available and utilized when needed, the health of its children would have been greatly jeopardized, and the quality of the agency's service to the community would have been limited. The selected case records indicate that there is a need for the medical services provided, and that they are being used--extensively, when necessary.

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